

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009711

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 378
FILED FEB 19 1962

Primary Registration District No. 4552

Registrar's No. 7

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mtn. Grove</u>		Length of stay in 1b <u>5 yrs.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>421 E. State St.</u>		d. STREET ADDRESS (If outside, give location) <u>421 E. State St.</u>	
3. NAME OF DECEASED (Type or print) <u>BENJAMIN FRANKLIN COATS</u>		4. DATE OF DEATH Month <u>Feb.</u> Day <u>7</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-10-1908</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	
11. BIRTHPLACE (City and state or country) <u>Mtn. Grove, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA.</u>	
13a. FATHER'S NAME <u>John H. Coats</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Mcintosh</u>	
14. NAME OF HUSBAND OR WIFE <u>Lerie Coats</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	
16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT <u>39 Lynn Coats Independence Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Gunshot Wound, Head</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u>		INTERVAL BETWEEN ONSET AND DEATH <u>2-7-62</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u></u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Self Inflicted</u>	
20c. TIME OF INJURY Hour <u>4:10</u> p.m. Month, Day, Year <u>2-7-62</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		
20e. CITY, TOWN, OR LOCATION (COUNTY STATE) <u>Mtn. Grove (Wright) Mo.</u>		20f. CITY, TOWN, OR LOCATION (COUNTY STATE) <u>Mtn. Grove (Wright) Mo.</u>	
21. I attended the deceased from <u>4:40 P.M.</u> to <u></u> and last saw him alive on <u></u> Death occurred at <u></u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Dr. J. Coats</u>		22b. ADDRESS <u>Mtn. Grove Mo</u>	
22c. DATE SIGNED <u>2-12-62</u>		22d. NAME OF CEMETERY OR CREMATORY <u>Hickman Cemetery Mtn. Grove Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2-9-1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Hickman Cemetery Mtn. Grove Mo</u>		23d. LOCATION (City, town, or county) (State) <u>Mtn. Grove Mo</u>	
24. FUNERAL DIRECTOR <u>Lowell C. Craig Mtn. Grove</u>		25. DATE RECD. BY LOCAL REG. <u>2-13-1962</u>	
26. REGISTRAR'S SIGNATURE <u>Bernard L. Silverman</u>		27. REGISTRAR'S SIGNATURE <u>Bernard L. Silverman</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Lowell C. Bering

Licensed Embalmer No.

4766

P. O. Address

Mtn Grove

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.